

# Psychology Training Program Brochure

James J. Peters VA Medical Center



**VA MEDICAL CENTER**  
**BRONX, NEW YORK**

Psychology Program  
Veterans Affairs Medical Center  
130 West Kingsbridge Road  
Bronx, New York 10468

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Dear Psychology Internship Applicant,

We are pleased that you are interested in applying to the Psychology Internship Training Program at the James J. Peters VA Medical Center (JJPVAMC) in Bronx, NY. Our training program is accredited by the American Psychological Association (Contact information for the APA Commission on Accreditation: 750 1st Street NE, Washington, DC 20002. Telephone: 202-336-5979).

Track 1) (Program Code 144611) is our General Internship Track. We have openings for 6 interns within this track. The General Internship Track offers a year-long PTSD rotation as well as a broad range of 6-month sub-rotations.

These sub-rotations are:

- 1) Supportive Recovery Program- (Substance Abuse)
- 2) Mental Health Outpatient Clinic
- 3) Psychiatry Intake

Elective minor rotations include Mental Health Inpatient ward, Geri psychology, Community Living Center (CLC), Spinal Cord Injury Clinic, Primary Care Clinic, Neuropsychology, Dialectical Behavior Therapy (DBT), Couples Therapy (EFT), and Sleep Disorder Clinic.

Track 2) (Program Code 144612) is our year-long Neuropsychology Track. We have openings for 2 interns within this track. The Neuropsychology Track is designated for those interested primarily in specialty neuropsychological training, devoting roughly 50 percent of time to neuropsychology. Generally applicants applying to this Track have plans to continue onto Neuropsychology Post-doctoral Programs. The year-long Neuropsychology Track includes 6-month sub-rotations.

These sub-rotations are:

- 1) Mental Health Outpatient Clinic
- 2) Geri psychology
- 3) ALS Clinic

Elective minor rotations include Mental Health Inpatient ward, Community Living Center (CLC), Spinal Cord Injury Clinic, Primary Care Clinic.

The brochure below will lay out the specifics of these rotations.

### ***COVID-19 Response and Adaptations***

During the COVID-19 pandemic, the training program at James J Peters VA successfully transitioned all Psychology Trainees to teleworking while minimizing the impact on all training as much as possible. Specifically, all interns continued to see veterans via telehealth for individual therapy and assessment, attending and participating in didactics and supervision via virtual media technologies, and benefiting from live, direct observation of clinical care by supervising psychologists. During the second half of the 2020-21 training year, interns began returning onsite such that they had hybrid schedules combining remote work with 2-4 days onsite.

The uncertainty of the COVID-19 pandemic means we cannot definitively predict how specific rotations or training opportunities may evolve for the 2023-2024 training year. We can predict that there will be likely continue to be utilization of telehealth and technology-based delivery platforms, indeed many of our veterans are currently electing to continue virtual care even while we are onsite. The safety of our Psychology Trainees, high quality of our clinical training, and competent care of our veterans, remains of utmost importance to us. We will continue to update this status and our training materials as the situation evolves.

Deeply committed to honoring the rich cultural diversity of the Bronx and the broadly diverse community of veterans whom we treat at the James J. Peters Veterans Affairs Medical Center, we strive in all that we do to center and promote multiculturalism as a fundamental guiding principle.

Specifically, we seek to match with psychology interns and to recruit, hire and retain staff psychologists who reflect and represent the rich cultural diversity of our community. We endeavor to attract internship applicants who have specific interest and prior training experience in urban settings, and who have worked with low to middle income, multi-ethnic, multi-racial minority populations. Bilingual, bicultural, culturally competent applicants and members of social and cultural identity groups that have historically been underrepresented in the field of Psychology are strongly encouraged to apply to the internship. The JJPVAMC is an Equal Opportunity Employer. The training that we offer to interns at the JJPVAMC is unique in its diversity, and in the breadth and range of clinical experiences that we can offer to the interns who train with us.

# Psychology Training Program

## VA Medical Center

### Bronx, New York

The James J. Peters Veterans Affairs Medical Center (JJPVA) is a 311-bed General Medical and Surgical teaching hospital and 120-bed Nursing Home located in the University Heights section of the Bronx in New York City. The Medical Center, which is adjacent to the Major Deegan Expressway and just south of Riverdale, affords a view of the New Jersey shoreline across the nearby Hudson River. The Medical Center serves a multi-racial and multi-ethnic veteran population drawn mainly from middle and lower socioeconomic levels. The veteran population is largely male, however, a growing number of opportunities to work with females do exist, either through contact with female veterans, or in the context of couples treatment.

The VA is easily reached by car, three subway lines, or several bus lines, including an express bus. Free on-site parking is provided for interns who choose to drive. In addition, shuttle bus service is provided between the JJPVA Medical Center and our affiliated medical school, The Icahn School of Medicine at Mount Sinai in Manhattan, during morning and evening travel periods. This service is available to interns, and the shuttle schedule coincides with their workday schedule. The Medical Center is also within walking distance of several colleges, including Herbert Lehman College and Fordham University.

Psychologists serve as members of the treatment team across the Medical Center and provide consultation services to the entire hospital. They participate in the training of professional and paraprofessional personnel and in the conduct of research.

The training program in Psychology is administered by the Director of Training, Psychology Program and in consultation with the Psychology Training Committee comprised of Psychology Program staff members. It is one of the many training programs in the medical, behavioral health and rehabilitative services offered at the Medical Center.

The number of training positions available varies depending upon the training budget. Most recently, funding has provided for eight training positions. Only interns who are citizens of the United States and who are enrolled in an APA approved doctoral program in Clinical or Counseling Psychology can be considered for an internship.

## The Psychology Program

Psychologists at the JJPVA Medical Center provide psychological and rehabilitation services, including assessment and evaluation, individual and group psychotherapy, case management, follow-up, therapeutic programming, research and consultation, in the areas of psychology, rehabilitation and the social-ecology of the health care delivery system. Psychologists serve on a number of Medical Center committees concerned with managerial and professional issues, such as the Clinical Executive Board, Ethical-Clinical Issues Committee, Educational Committee, Disruptive Behavior Committee, Safety Committee, and Institutional Review Board.

The staff of the Psychology Program consists of staff psychologists in the specialties of clinical, counseling and neuropsychology, all of whom must be licensed within two years of employment. Clinical and counseling psychology interns participate in providing psychological services under supervision. The training program is supplemented by in-house trainers, all of whom have varying experience in their areas of specialty. These include social workers, nurse practitioners, psychiatrists, and medical physicians. Interns learn by functioning as part of the treatment team on many Medical Center services and by participating in seminars, lectures, and case conferences offered by the Mental Health Department as well as other departments throughout the Medical Center. The Psychology staff offers intensive individual and group supervision and also conducts its own extensive case conference and seminar series.

## **Director of Training**

Dr. Laura Pratchett is the Director of Training, Psychology Program.

Dr. Pratchett supervises the VA-sponsored doctoral training program in both clinical and counseling psychology. The program is based on the Practitioner-Scholar Model, emphasizing the practice of psychology informed by science. Additionally, the philosophy of the training program emphasizes learning through practical experience. The bulk of an intern's time is devoted to contact with patients, programs and supervision. The Director of Training provides orientation to newly assigned interns, assigns them to supervisors, and manages their rotation among supervisors in line with their training plan and work performance. They maintain liaison with universities, sharing information concerning trainee progress. They make arrangements for university consultants and schedule their visits to the Medical Center. They facilitate meetings of the Psychology Training Committee and supervise the caseload of interns to assure that they are meeting both service and training expectations. They provide counseling to interns with training and professional problems, and in general are a resource for an intern with personal and/or professional concerns.

# **The Pre-Doctoral Psychology Internship Program**

## **Overview and Philosophy**

The Psychology Internship Training Program at the James J. Peters Veterans Affairs Medical Center is fully accredited by the American Psychological Association (APA) and is a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our Philosophy of training is based on a Practitioner-Scholar Model emphasizing the practice of psychology informed by science. We recognize the importance of empirically supported treatments, and the Practitioner-Scholar Model reflects our training philosophy, rigorous approach to clinical practice, and the rich clinical research milieu of our training program. While we do not train our interns as researchers we do attempt to inculcate the importance of the integration between research and practice.

We believe that science influences and shapes the form of clinical practice while practice reciprocally influences and defines the substance of research. Our training model in this hospital-based system endorses a scientific attitude as psychologists act to *observe*, *assess*, and *intervene* in all professional capacities such as psychotherapy, psychodiagnostics,

research, and consultation to and multidisciplinary functioning within treatment teams, wards, programs, etc. An essential part of our interns' training is to *think like a psychologist*. This is consistent with the Practitioner–Scholar Model as it attempts to expand the level of observation, assessment, and intervention beyond the level of “identified patient” to all relevant systems impacting upon the individual ranging from diverse backgrounds to the dynamic within the hospital health care delivery system. Our Practitioner–Scholar Model requires of our trainees the highest standards in psychology for clinical practice and ethical conduct.

It is our aim to develop competent clinical psychologists within a hospital setting. It is our desire to develop the clinical skills of a well-rounded clinical or counseling psychologist. However, we recognize that good technical skills alone are not sufficient in the development and practice of a psychologist. Professional conduct, high standards of ethics, and a maturing sense of professional identity are at the foundation of our beliefs. Additionally, the ability to work with a variety of individuals and groups from varying backgrounds are important attributes of the well-rounded Practitioner–Scholar.

It is our belief that involvement with multidisciplinary teams as well as intense fostering of exposure to and training in working with people from diverse backgrounds builds the foundation of sound clinical practice. In order to practice competently, a psychologist must be able to think globally and expand their experiences, understanding, and perspectives beyond their own personal world view. Working in a multidisciplinary system not only benefits the patient but also prepares the provider for all future work they do in their clinical practices. A multidisciplinary approach expands the thinking and allows for different views, perspectives, and perceptions to be introduced. It is our view that such a perspective opens the mind and heart of the clinician. Similarly, it is our strong belief and conviction that gaining knowledge, understanding, and sensitivity to cultural and individual differences fosters competence and proficiency in all clinical practice. The more open, aware and sensitive one is, the higher the level of competence one can attain.

Our training program has identified five goals for our interns to attain consistent with the Practitioner–Scholar Model of training. Each goal includes measurements of proficiency and competency. The following are our goals: the development of clinical proficiencies and skills, competence in working with people from diverse backgrounds with cultural and individual differences, adherence to highest standards of professional functioning and ethical conduct, a professional identity, and competence in program/ward/team multidisciplinary functioning.

The training program provides its interns with a closely supervised, multi-faceted practicum field experience with the variety of clinical areas and populations that are typical of a general hospital setting, provides additional instruction in the form of case conferences and lectures utilizing the Psychology staff and extra-hospital experts, and encourages reflection on potential roles for a psychologist within a general hospital. The program is also designed to provide interns with the experience of functioning as a member of a multidisciplinary team which deals with diagnostic, treatment and ward and case management issues. In this capacity, the intern is both supervised by the team and provides suggestions for other team members, all under the guidance of team leaders. In general, the training program attempts to immerse the intern in all aspects of a hospital Psychology Program, to provide supervised experience in the various diagnostic, treatment and administrative areas of psychology, and to encourage a close working relationship with the staff of related disciplines. In this way, we hope to present an experience of what it is like to be a psychologist in a hospital setting and to train our interns to fulfill this function competently.

To attain these goals, interns are rotated, generally on a twice yearly basis, through selected Medical Center programs in which Psychology is involved. Within each program rotation, the intern, under the supervision of staff psychologists, functions as a member of the team and provides the full range of psychological services commensurate with their background and experiences. In addition to these program-related training experiences, interns are also assigned patients from other programs and areas of the Medical Center to ensure a comprehensive education. Thus, an intern might be involved in individual, family and group psychotherapy on an in- and out-patient basis, and psychodiagnostic and neuropsychological evaluations, personality screenings, therapeutic programming, intake interview evaluations, ward consultation, etc. Interns are also offered a unique opportunity to be trained in Dialectical Behavior Therapy (DBT) for borderline personality disorder patients and Emotion Focused Therapy (EFT) for couples. Additionally, other specialized treatments are offered to interns throughout their training year, which include the potential to receive cases using the technique of Prolonged Exposure and Cognitive Processing Therapy. Interns meet regularly with supervisors to discuss their functioning in the above areas. Along with the intensive clinical supervision, staff members also help interns integrate their varied experiences and develop a clear conceptualization of how a psychologist functions.

The training program also provides for ongoing scheduled didactics and case conferences with recognized experts in the various areas of psychology. Interns are encouraged to attend conferences and lectures sponsored by Psychiatry and other hospital programs, as well as workshops and seminars offered at The Icahn School of Medicine at Mount Sinai, our affiliated medical school.

In summary then, it is through the full and intense participation and involvement with the work, staff and experiences provided by the Psychology Program, via its program and non-program assignments, supervision, case conferences, staff-intern interactions and lectures, that the full benefits of such practicum training can be realized.

## **Training Goals and Objectives**

Our training program has identified five goals for our interns to attain consistent with the Practitioner–Scholar Model of training. Each goal includes measurements of proficiency and competency. The following is an outline of our training goals and objectives:

Goal #1: To foster the development of clinical proficiencies and skills in our interns.

Objective: By the end of the internship, interns will have developed competence in psychological assessment as well as in psychotherapeutic interventions.

Goal #2: To foster competence through cultivating awareness, knowledge, and skills, in working with people from diverse backgrounds with cultural and individual differences.

Objective: By the end of the internship, interns will have developed proficiency in functioning effectively, respectfully and professionally with patients and staff of cultural and individual diversity. This includes diversity of age, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, educational level, familial background and social economic status.

Goal #3: To foster adherence to the highest standards of professional functioning and ethical conduct.

Objective: By the end of the internship, interns will have learned to conduct themselves professionally and will understand the ethical standards of our field and will conduct themselves ethically.

Goal #4: To foster a professional identity.

Objective: By the end of the internship, interns will have developed clear identities as professional psychologists, allowing them to apply their skills multifunctionally across populations and settings.

Goal #5: To foster competence in program/ward/team multidisciplinary functioning.

Objective: By the end of the internship, interns will have learned to function as multidisciplinary team members. As members of multidisciplinary teams, interns will have provided psychological consultation to relevant personnel regarding a patient's diagnosis, treatment and disposition. They will also have provided educational information about psychological issues to other disciplines and professionals.

## **Supervision**

It is through supervision by a more experienced and objective observer that an intern is helped to understand, conceptualize and resolve the various difficulties they may meet in the clinical areas with which interns are involved. The Psychology training program offers interns a variety of supervisory experiences.

### **a. Individual Therapy Supervisors**

It is the responsibility of the individual therapy supervisors to provide supervision on all therapy cases. These cases can vary from short-term to long-term and inpatient to outpatient treatments. Each intern will be assigned therapy supervisors with whom they will meet regularly for scheduled appointments.

Interns also treat individuals from selected patient populations in order to increase the breadth of their training experience. It is the supervisor's responsibility to supervise those cases selected from specific patient populations. Who the supervisor will be is determined by the specific rotation and in consultation with the intern regarding areas of interest (including therapeutic orientations and patient populations). Depending on the patient population, multiple different psychotherapeutic techniques are implemented. By systematically exposing interns to varying techniques, we hope, thereby, to broaden the training experience. Indeed, interns are able to receive supervision across rotations from a range of therapeutic orientations including Cognitive Behavioral, ACT, Relational Dynamic, Interpersonal, and Psychodynamic,

### **b. Psychodiagnostic Supervisors**

It is the responsibility of the psychodiagnostic supervisors to provide supervision for all psychodiagnostic evaluations assigned to interns. Supervisors assist the intern in such areas as test selection, administration, scoring, interpretation and report writing. Although the amount of supervision time required may vary from intern to intern and case to case, supervision time is available, as needed. Supervision for psychodiagnostics is provided by all psychodiagnostic supervisors in an ongoing Testing Seminar for all interns, and, in addition, by the individual psychodiagnostic supervisor assigned to an individual intern. Both didactic and case presentations comprise the content of the Testing Seminar.

### **c. Group Therapy Supervision**

Interns functioning as group therapists are supervised in their work by a group therapy supervisor. Such supervision may be provided either by Staff Psychologists or by the staff of related disciplines (e.g., Psychiatry, Social Work Program) during regularly scheduled meetings or, if the supervisor is also the co-therapist, following the group session. Opportunities for both in- and outpatient groups exist.

### **d. Team Meetings**

Team meetings provide valuable supervisory experiences for interns. During such meetings, members of the interdisciplinary staff, including Psychology interns and staff, discuss the progress, treatment and disposition plans for their patients, in order to share their thinking and to get the suggestions of other team members and the team supervisor. They participate in reaching therapeutic programming decisions and gain the experience of being involved in the running of a hospital ward.

### **e. Case Conferences**

During such conferences, individual cases are presented to staff and interns for group discussion. These conferences may also employ the supervisory expertise of a Psychology Consultant. Not only does the intern gain the experience of presenting material, but also profits from a discussion by people of relatively diverse backgrounds.

### **f. Didactic Seminars**

Throughout the year, Psychology staff and/or extra-hospital experts are invited to present a series of lectures on topics of interest to Psychology.

## **Psychological Assessment**

Interns are trained to do psychological evaluations, including formal assessment batteries and intake assessments. The psychological test batteries used will be determined by the nature of the presenting case between the supervisor and the intern. Psychological evaluations might include the WAIS-IV, MMPI-II, PAI, Rorschach, TAT, etc. Each intern will be assigned a testing supervisor and will attend a regularly scheduled Assessment Seminar. At this point, interns are only assigned one full battery per year, as our emphasis has shifted towards a more neuropsychological model for evaluation.

Additionally, either during intake or following intake, interns have the opportunity to receive direct supervision on their intake assessments. In some of the clinics, new or prospective patients are interviewed and evaluated by the interdisciplinary staff. Diagnostic and dynamic issues are explored, and likely therapeutic problems and benefits are discussed. This not only allows the intern to learn from other more experienced staff (psychologists, psychiatrists, social workers, nurses, etc.), but also allows them to verbalize and modify their own thinking about patients. In other clinics, supervision is provided by a specialized intake supervisor to review the case and help formulate diagnostic impressions. There is also a weekly intake assessment meeting to discuss and plan for intakes.

## Clinical Programs and Rotations

Interns are generally assigned to supervisors and programs for six-month periods. They are then rotated to a different program and new supervisors. This rotation system is used because we believe that the opportunity to function on several services and to work with a variety of supervisors is professionally desirable. This system also provides trainees with experience working with a diverse range of clients who may differ with respect to demographic as well as clinical characteristics, thus enhancing the training goals of fostering increased cultural competence. We also believe, at the same time, that differing program assignments offer many parallel clinical experiences. Thus, what one may experience in the way of team functioning, interdisciplinary staff relations, treatment planning and implementation and ward-system consultation is similar whether one is currently assigned to Rotation A or Rotation B **(all interns complete both A and B)**. In general, ward participation and interdisciplinary functioning is a central element to the experience. Each program assignment provides appropriate and adequate professional training. Programs and supervisors are flexible and provide training to interns with varying levels of experience and backgrounds.

During the course of the first rotation and before assignments are made for the second rotation, the staff meets to discuss the various training needs, based upon supervisory evaluation, and training preferences of the interns, and how these can best be met. These form part of the data used in deciding upon the specifics of an intern's new rotation assignment. Practical considerations such as the time demands of specific programs and the number of available patients and staff are also taken into account.

Psychology staff members are assigned to a variety of wards and programs throughout the Medical Center and provide a wide range of psychological services, including evaluation, consultation, treatment and rehabilitation. One component of the intern training experience is to work alongside a Staff Psychologist on such a ward or program and to provide the above services under supervision. A description of the clinical programs to which interns are currently assigned follows.

## General Outline of Rotations

In total we accept eight (8) interns to our internship program. Six (6) interns are accepted to our General Internship Track (Program Code 144611) and 2 Interns are accepted to our year-long Neuropsychology Track (Program Code 144612).

In addition to the year-long tracks, each intern is assigned to 6 month sub-rotations. These 6-month sub-rotations are designated Rotation A and Rotation B. Beginning in September, four interns (3 General Internship Track interns, and 1 year-long Neuropsychology Track intern) will begin in Rotation A and 4 interns (3 General Internship Track interns, and 1 year-long Neuropsychology Track intern) will begin in Rotation B. At the 6<sup>th</sup> month mark, (March), interns on Rotation A switch with the Interns on Rotation B.

<b><u>General Track Rotation A</u></b>			<b><u>Neuropsychology Track Rotation A</u></b>
Outpatient Supported Recovery Services	Outpatient Supported Recovery Services	Outpatient Supported Recovery Services	Neuropsychology
PTSD	PTSD	PTSD	Geriatric psychiatry
2-3 minor rotations (9-10 hours) eg. Geri, Couples, Spinal Cord Injury, CLC, PCMH	2-3 minor rotations (9-10 hours) eg. Geri, Couples, Spinal Cord Injury, CLC, PCMH	2-3 minor rotations (9-10 hours) eg. Geri, Couples, Spinal Cord Injury, CLC, PCMH	Minor rotation (3-4 hrs) eg Spinal Cord Injury Clinic/PCMH
<b><u>General Track Rotation B</u></b>			<b><u>Neuropsychology Track Rotation B</u></b>
MH Outpatient (OPD)	MH Outpatient (OPD)	MH Outpatient (OPD)	MH Outpatient (OPD)
PTSD	PTSD	PTSD	Neuropsychology
Intake Clinic	Intake Clinic	Intake Clinic	ALS Clinic
2 minor rotations (9-10 hours) eg. Couples, DBT, Neuropsych minor, Acute inpatient psychiatry, Multicultural group (Racial Stress/Trauma, LGBTQ+)	2 minor rotations (9-10 hours) eg. Couples, DBT, Neuropsych minor, Acute inpatient psychiatry, Multicultural group (Racial Stress/Trauma, LGBTQ+)	2 minor rotations (9-10 hours) eg. Couples, DBT, Neuropsych minor, Acute inpatient psychiatry, Multicultural group (Racial Stress/Trauma, LGBTQ+)	

## **Rotation A - Description**

Rotation A has an emphasis on the assessment and treatment of select populations, including geriatric patients, substance-dependent patients, patients struggling with health related issues, and patients dealing with neuropsychologically-related issues, which include both individual and group possibilities.

**Outpatient Substance Recovery Services (SRS)** (3 general track interns per rotation, all 6 per year)

The mission of the Substance Recovery Services (SRS) is to provide individualized assessment and integrated care in an outpatient setting to patients with substance use disorders. The SRS offers a range of outpatient care options, including intensive daily programming, ongoing rehabilitation, and aftercare. Care is provided within several related programs. An Opioid Treatment Program (OTP) provides opiate replacement (methadone/suboxone) therapy and psychosocial treatments to patients with Opioid Dependence. Patients with Alcohol or other Drug Dependence(s) are also treated in the SRS and group interventions involve a mix of patients that abuse various substances. All clinicians see a mix of patients with different substance abuse and psychiatric diagnoses and most patients participate in both group and individual therapy.

Two interns are assigned the general SRS clinic, and one is assigned to SRS-PTSD sub specialty. Interns are trained to assess and care for patients with primary addictive disorders with or without co-occurring disorders.

Integration between outpatient substance abuse and inpatient psychiatry is an important component of this rotation.

Interns learn to conduct full psychosocial evaluations, including detailed substance use histories and ASAM patient placement criteria assessments. Interns learn and utilize VA Substance Use Disorder Treatment Guidelines and become familiar with JCAHO standards for patient assessment.

Interns learn to develop and implement care plans as members of multidisciplinary treatment teams. Interns provide primary clinical responsibility (individual therapy and case management) for individual patients and co-facilitate groups. Interns practice a range of individual and group interventions that may include Motivational Interventions, Harm Reduction, 12-step support, and Cognitive Behavioral Treatment. Interns also attend weekly substance abuse didactic seminars.

### **Choice of Minor Rotations:**

#### **Geriatric Psychiatry Clinic**

The Geriatric Psychiatry Clinic is an interprofessional clinic staffed by board certified geriatric psychiatrists, clinical neuropsychologists, social workers, social work interns, and geriatric psychiatry fellows. In this clinic, veterans are provided with specialty mental health services unique to the geriatric patient population. These services include psychotropic medication

management, psychotherapy (cognitive behavioral, interpersonal, and supportive), group psychotherapy, couples and family work.

Interns are integrated into the multidisciplinary team. They carry a caseload of individual patients from a variety of psychiatric diagnostic categories. Special emphasis on areas of mourning and loss as well as illness adjustment are incorporated into the experience.

## **Community Living Center (CLC)**

The Community Living Center adds another level of care within the Medical Center. It is an interdisciplinary, holistic continuation of rehabilitative services, dedicated to the unique needs of long term and geriatric patients. The CLC provides rehabilitation, skilled nursing care, related medical services, supportive personal care and psychological, social, dental, recreational, nutritional and spiritual services. The care continues over extended periods of time and may serve as a follow-up to hospitalization. The CLC is responsible for meeting the needs of and providing individual adjustment services for each patient. The unit is designed to foster an independent and homelike atmosphere. Environmental management adaptation and rehabilitation are important goals for patients, and they help focus the patient's return to family, community or to the least restrictive long-term care setting possible.

The potential for elaboration and exploration of the roles that clinical and counseling psychologists might play within the CLC is marked. The opportunities for psychologists and interns to contribute pertinent skills to the ever expanding field of geriatrics are many. Currently, such unique contributions involve assessment, diagnosis, treatment planning, consultation and training for staff, clinical intervention and case management. Interns also have the opportunity to provide individual and/or group psychotherapy to patients and/or their families with particular focus on adjustment issues while in the CLC or in preparation for discharge back home.

## **Spinal Cord Injury Program**

Psychologists on The Spinal Cord Injury Unit provide psychological services to ward patients and participate as members of a multi-disciplinary team.

As a member of the team, the psychologist attends weekly ward and other staff meetings, where they provide psychological data about patients, discuss with other team members the psychological issues involved in adjustment to injury and illness, and recommend treatment strategies based on psychological principles, both for their own patients and others being discussed. The psychology intern generally follows one or two cases. Interns meet regularly with SCI patients and provide for the full range of psychological services. They may provide counseling to newly injured patients to assist them in adjusting to the emotional and social impact of their loss of physical function, and to help them develop a new life style. Counseling with spouses and other family members is an integral part of the psychologist's responsibilities on the SCI, and these may be provided by psychology interns.

Individual psychotherapy is provided by psychologists to patients who request it and could benefit from this service. The psychologist has an opportunity to work with patients having a

wide range of psychological difficulties. As spinal cord patients tend to remain in the hospital for long periods of time, the therapist is able to work with the patient for an extended period to help him resolve basic personality difficulties and to observe the effects of the therapeutic intervention. Patients may also be seen on an outpatient basis.

### **Primary Care-Mental Health Integration Program**

The James J Peters VA offers clinical training to psychology doctoral students in Primary Care Mental Health Integration and Health Psychology. This placement offers an immersion into the practice of health psychology within a primary care setting. The interns will work alongside 2 psychologists who implement a co-located, collaborative care practice model within the outpatient primary care clinics. The extern will gain familiarity and experience with the function of psychology within a medical setting. The primary roles in this minor rotation may be the implementation of primary care-based groups which may include CBT for chronic pain, or stress management, functional assessments of mental health needs, and/or individual psychotherapy.

### **Couples Therapy Clinic (Year Long Minor Rotation)**

The James J Peters VA is able to offer couple's therapy to many of the veterans who present for mental health concerns and relationship distress. Interns who are participating in the Couples Therapy Rotation carry this rotation through the year in order to maximize the opportunities to engage and maintain appropriate cases in Emotionally Focused Therapy (EFT) for Couples. EFT is an attachment based treatment that conceptualizes the rigid interaction patterns and negative affect that typify distress in couple relationships in terms of emotional disconnection and insecure attachment.

## **Rotation B - Description**

Rotation B focuses on outpatient mental health and offers interns exposure to a wide array of psychiatric patient populations.

### **The General Mental Health Outpatient Department (OPD) (4 interns per rotation, all 8 per year)**

The General Mental Health Outpatient Department treats the full range of psychiatric pathology in patients who have either recently stabilized and discharged from the acute psychiatric inpatient unit or who have been referred for treatment and have been evaluated by the Intake Team as stable enough to proceed in general outpatient treatment. Following the psychiatric intake interview, the patient is assigned to a case manager/psychotherapist and a physician. The psychology intern is assigned a caseload of individual psychotherapy patients and is responsible for coordinating care with other treatment providers. The intern will function as a full team member bringing issues of the patient's progress or problems to the team for updating of the treatment plan. The team includes permanent staff psychiatrists, psychiatric residents, clinical nurse specialists, psychologists, social workers and psychology interns.

Additionally, the intern will be involved in co-leading group psychotherapy. Groups typically assigned to interns include a women's group, a men's group, a time-limited cognitive anger-management group, and a supportive-interactional group for patients dealing with multiple comorbid medical problems.

To further round out the experience as a psychologist in an outpatient clinic, the intern will respond to requests for formal psychological testing of diagnostically complicated patients where the team needs help in clarification. As a full functioning member of the team, the intern will attend a weekly staff meeting where a variety of clinical, administrative, and systemic issues are discussed.

### **Intake Clinic** (3 general track interns per rotation, all 6 per year)

The intake clinic is a multidisciplinary intake clinic that provides psychiatric evaluation and treatment engagement. Patients either self-present or are referred for mental health treatment by another VA provider. The initial assessment is carried out by a member of our team of psychiatrists, psychologists, licensed social workers and trainees.

The psychology intern conducts semi-structured intake interviews to assess several relevant domains including military and psychosocial history, psychiatric and substance use treatment, acute safety issues, and reasons for seeking treatment. Motivational Interviewing techniques are used to provide appropriate psychoeducation and individualized treatment referral created which may include referral to an appropriate clinic.

After a new patient is evaluated, interns receive real time supervision in which the case is presented to the supervisor, provisional DSM5 diagnosis and treatment plan are formulated, and then the treatment referral is presented to the patient.

### **Choice of Minor Rotations:**

#### **Acute Inpatient Psychiatry (6B)**

The inpatient psychiatry unit is an acute ward, serving the needs of patients with a range of issues requiring hospital admission. Patients on the unit are often suicidal, suffering from acute psychotic episodes, seeking treatment/detox for substance use, and stabilization for substance-induced mood episodes.

Interns will provide individual and group psychotherapy services to patients on the unit. They will have an opportunity to serve on a multidisciplinary team of psychiatry attendings, residents, and medical students, social workers, and nurses to gain experience in adjusting psychotherapy goals and interventions to the setting of an acute inpatient ward.

#### **Neuropsychology**

This program provides outpatient and inpatient neuropsychological consultation to numerous services throughout the medical center. Common differential diagnoses include distinguishing organically based cognitive and behavioral dysfunction from that caused by underlying psychiatric and/or substance abuse disorders. Assessment may also be requested to assist the patient, referring provider, treatment team and/or family members in discharge planning decisions, rehabilitation options and future vocational or educational planning. The general

purpose of the neuropsychological evaluation is to identify and document disruption of cognitive and/or behavioral function secondary to neurologic disease/insult, substance abuse and/or psychiatric dysfunction.

Interns will gain competence in the administration and scoring of neuropsychological tests as well as in the interpretation of neuropsychological data through the use of a flexible battery designed to address the referral question at hand. Report writing and feedback skills will be a focus of development and growth. Neuropsychology case conferences are held on a biweekly basis. A journal club devoted to issues related to neuropsychological assessment meets once per month.

### **Dialectical Behavior Therapy**

This training experience includes participation in a weekly skills training group, individual psychotherapy, telephone consultation, and participation in the DBT team consultation meeting. 24 hour coaching is not a part of the DBT internship experience so interns are not required to carry pagers or be available outside of work hours. Staff has been trained as part of the founding DBT Team at this facility, and offer this training experience as what we think is a very rich addition to our existing training rotations.

Dialectical Behavior Therapy has been demonstrated to be very effective in the treatment of impulsive and self-harming borderline personality disordered patients. The DBT Program at this facility has expanded the treatment to both men and women, and targets not only self-harm, but also aggressive and harmful behavior toward others.

### **Multicultural Group**

The population served by the James J Peters VA is rich in its cultural diversity. The veterans being treated at the facility are broadly from low to middle income, multi-ethnic, multi-racial minority populations with histories of disenfranchisement that contribute to and interact with the mental health diagnoses for which they seek treatment. Interns have the opportunity to be a part of rotations focused on providing support and care targeting areas of minority stress including our LGBTQ+ process group and Racial Stress and Trauma group.

### **Couples Therapy Clinic (Year Long Minor Rotation)**

The James J Peters VA is able to offer couple's therapy to many of the veterans who present for mental health concerns and relationship distress. Interns who are participating in the Couples Therapy Rotation carry this rotation through the year in order to maximize the opportunities to engage and maintain appropriate cases in Emotionally Focused Therapy (EFT) for Couples. EFT is an attachment based treatment that conceptualizes the rigid interaction patterns and negative affect that typify distress in couple relationships in terms of emotional disconnection and insecure attachment.

## **YEAR-LONG ROTATION Description**

### **Either:**

#### **PTSD (6 general track interns per year)**

The PTSD rotation will provide interns with experience assessing and treating PTSD for combat and non-combat related traumas. Emphasis is placed on evidence-based assessment and treatment practices. Interns will learn to identify and treat PTSD and other trauma-related sequelae (e.g., guilt, grief, depression, Moral Injury). The veteran population includes individuals with acute and chronic trauma-related symptoms related to combat trauma and sexual trauma, as well as civilian trauma, such as childhood abuse histories, accidents, or domestic violence.

Interns will conduct initial diagnostic interviews with veterans who have both acute and chronic trauma-related symptoms. The training goal is to help interns recognize PTSD, make reliable differential diagnoses between PTSD and similar disorders, as well as to identify and address comorbid diagnoses. Interns will use structured interview and standardized self-report measures to improve their diagnostic skills.

Interns will have the opportunity to learn and use several evidence-based PTSD treatments, including Cognitive Processing Therapy and Prolonged Exposure Therapy. Weekly didactic/case conference meetings address issues specific to the use of these treatments in a culturally diverse, multiply-traumatized population of veterans with traumas that include the unique elements of combat trauma.

### **OR:**

#### **Neuropsychology Track (2 interns per year)**

The Neuropsychology Track at the James J. Peters (Bronx) VAMC adheres to the APA's Division 40 Houston Conference Guidelines. As such, interns in the Neuropsychology Track will spend a minimum of 50% of their training year participating in clinical, educational, and research related activities related to neuropsychology. The goals of the Neuropsychology Track of the James J. Peters VA Psychology Internship Program are: to further the development of clinicians highly skilled in neuropsychological assessment and intervention; to prepare interns for a postdoctoral fellowship in neuropsychology. Trainees will develop a career plan for the years immediately following the internship, as well as explore possibilities for the next steps in their professional lives. This includes exposure to role models in predominantly clinical positions, as well as in administrative and research positions who can serve as examples of alternative career paths. Many Bronx VA psychology interns who have focused on neuropsychology during their internship have gone on to clinical neuropsychology postdoctoral fellowships.

In accordance with APA's Division 40 Houston Conference Guidelines, the Neuropsychology Track Interns will spend at least 50% of their time devoted to neuropsychology. Interns will be part of the Neuropsychology Consult Service in the Mental Health Patient Care Center at the James J. Peters VA Medical Center. This program provides outpatient and inpatient neuropsychological consultation to numerous services throughout the medical center including Mental Health (e.g., PTSD clinic, Supported Recovery Services, Outpatient Mental Health, Inpatient Psychiatry Unit, Primary Care Mental Health Integration),

Neurology, Primary Care, Infectious Disease, Community Living Center, Inpatient Spinal Cord Injury Unit, and Inpatient Medicine Units. Neuropsychology Track Interns will receive extensive training in assessment of a variety of neurologic disorders including dementias (e.g., Alzheimer's disease, vascular dementia, and frontotemporal dementia), mild cognitive impairment, TBI, stroke, Parkinson disease, multiple sclerosis, ALS, metabolic disturbances, infectious diseases, as well as psychiatric conditions (e.g., PTSD, depression, anxiety, bipolar disorder, schizophrenia, ADHD) and learning disorders. Common differential diagnoses include distinguishing organically based cognitive and behavioral dysfunction from that caused by underlying psychiatric and/or substance abuse disorders. Assessment may also be requested to assist the patient, referring provider, treatment team and/or family members in discharge planning decisions, rehabilitation options and future vocational or educational planning. The general purpose of the neuropsychological evaluation is to identify and document disruption of cognitive and/or behavioral function secondary to neurologic disease/insult, substance abuse and/or psychiatric dysfunction.

Interns will gain an advanced level of competence in the administration and scoring of neuropsychological tests as well as in the interpretation of neuropsychological data through the use of a flexible battery designed to address the referral question at hand. Report writing and feedback skills will be a focus of advanced development and growth. Training at the Bronx VA will expand the Intern's knowledge base of neuroanatomy, neuropathology, and related neurosciences. Neuropsychology case conferences are held on a biweekly basis. A journal club devoted to issues related to neuropsychological assessment meets once per month.

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## **Application and Selection Procedures**

Our interns are selected for full-time training solely from APA approved doctoral programs in Clinical or Counseling Psychology. Internships are only available to United States citizens. Appointments, requiring 1000 hours of prior applied clinical experience, provide 2080 hours of supervised training for one year. Stipends are currently \$30,387 per year. Prospective interns should submit a completed online APPIC internship application. Each intern should also submit an updated graduate school transcript and three letters of reference. Prospective interns may then be invited for interview by psychology staff. Consistent with recommendations and in order to minimize financial hardship, our interviews will occur remotely for the 2023-24 incoming class. The purpose of the interview is to gather information regarding the candidate's suitability for an internship at the Medical Center, and to form impressions as to the candidate's strengths and weaknesses. Thus, a candidate's maturity, motivation, background, and capacity for learning will be noted. A strong match would generally include a candidate who demonstrates an openness to growth and learning, and who has an interest in working in an academic medical setting with a diverse, inner-city, veteran population presenting with complex psychological, medical, and social problems. The selection committee then meets to discuss the relative merits of each candidate as they relate to the criteria for acceptance into the training program. Based upon an evaluation of all of their application materials and, when appropriate, interview performance, interns are rated and selections are made. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking related information from any intern applicant.

The Psychology Internship Program strongly seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to obtain a diverse intern class while selecting the most qualified candidates. Individuals from diverse backgrounds are particularly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

Application material should be submitted through APPIC no later than November 1st. Information can be obtained by accessing our web site at [Internships And Fellowships | VA Bronx Health Care | Veterans Affairs](#) or through APPIC.ORG. Further questions can be obtained by e-mailing Laura Pratchett, Psy.D. at [Laura.Pratchett@va.gov](mailto:Laura.Pratchett@va.gov) or by calling 718-584-9000, ext. 5215.

**Additional Information about our training program can be obtained through the Association of Psychology Postdoctoral and Internship Centers (APPIC) at [www.APPIC.ORG](http://www.APPIC.ORG) and through the Office of Program Consultation and Accreditation of the American Psychological Association (APA) at:**  
**American Psychological Association**  
**Office of Program Consultation and Accreditation**  
**750 First Street, NE**  
**Washington, DC 20002-4242      Telephone: 202-336-5979**

### **Supervising Staff**

**Allison Branch, PhD.** Dr. Branch is an expert in the treatment of mood disorders, adjustment to medical illness, medical rehabilitation, and geriatric mental health. She provides services to adults using an integrative approach, mostly influenced from an Interpersonal Psychotherapy framework. She received her Ph.D. from the University of Massachusetts-Amherst. She completed her pre-doctoral internship at the Rusk Institute for Medical Rehabilitation at New York University- Langone Medical Center. Dr. Branch completed her postdoctoral clinical psychology fellowship with an emphasis on geropsychology at the Long Island Jewish Medical Center (currently known as Northwell) - Division of Geriatric Psychiatry, The Zucker Hillside Hospital. She is currently an adjunct professor at Teachers College, Columbia University, where she teaches a course in Geriatric Mental Health. She also serves as a bilingual psychological consultant for skilled medical rehabilitation and nursing homes within The Bronx, NY.

**Lara Degen, Ph.D.** Dr. Degen (American University) practices motivational interviewing and CBT in the substance use disorder (SUD) clinic. She has broad clinical interests and wide-ranging experience in the provision of mental health and/or SUD services across the continuum of care. She approaches clinical supervision from a developmental framework, where she adjusts training to meet individual supervisee goals, address identified needs as they arise, while also ensuring that basic competencies relevant to SUD assessment and treatment are attained.

**Candice Diaz, LCSW** is a clinical social worker and the Coordinator of Family Services in the outpatient mental health clinic at the James J. Peters VA Medical Center. She received her undergraduate degree from the University of Maryland, College Park and her Master's Degree in Social Work from the Silberman School of Social Work at Hunter College. She completed internships at the Roberto Clemente Family Center and The Ackerman Institute for Family Therapy in New York focusing on family and couples therapy. She has participated in externships and post graduate training in Family and Couples Therapy at The Ackerman Institute and The New York Center for Emotionally Focused Therapy. Her clinical interests are informed by family systems and attachment theory, and emotionally focused therapeutic techniques working with distressed couples focusing on negative communication patterns to reduce conflict while creating a more secure emotional bond.

**Antonio Gonzalez, PsyD** is a clinical psychologist in the outpatient mental health clinic (OPD) at the James J. Peters VA Medical Center. Dr. González earned his PsyD in Clinical Psychology from Indiana State University and completed his pre-doctoral psychology internship at NY-Presbyterian/Columbia University Medical Center. Dr. González has broad clinical interests and tends to take an integrative approach to treatment, often drawing from various evidenced-based practices such as CBT, DBT, and MI. Dr. González has worked in several clinical settings throughout NYC, including hospitals and community mental health clinics. He is bilingual and enjoys working with individuals whose primary language is Spanish. More recently, his work has focused on individuals with severe mental illness and co-occurring medical conditions as well as personality disorders and substance abuse.

**Batsheva Halberstam, PhD.** Dr. Halberstam received her doctorate from LIU-Brooklyn Campus. I spent many years engaged in Schizophrenia research at NYSPI/Columbia, and now work on a treatment team that is primarily focused on Psychotic Spectrum Disorders. I also trained in Dialectical Behavior Therapy and supervise the DBT rotation on internship. I have also developed a special interest in treating transgender veterans and serve as the therapist for most who come through our intake clinic. I tend to practice utilizing a psychodynamic orientation, primarily a Sullivanian/Interpersonal model, but integrate behavioral techniques where needed and/or appropriate, especially DBT-based techniques.

**Brian Higgins, PhD.** earned a doctorate in Clinical Psychology from Teachers College, Columbia University. He supervises interns conducting individual psychotherapy in the Outpatient Psychiatry Department and supervises functional assessments and brief treatment in the Primary Care Mental Health Integrated treatment program (PCMHI). Interests include: Patient engagement, readiness for change and optimal treatment matching; personal and interpersonal factors contributing to therapist effectiveness. Dr. Higgins is especially interested in patient education in the treatment of mood disorders, helping patients resolve ambivalence regarding medication treatment. Dr. Higgins is committed to staff education to decrease stigma for patients with mental health problems and improve collaboration among providers from different disciplines.

**Lawrence J. Kelty PhD.** Graduated Long Island University in 1979. Dissertation: Anticipated Physical Distance of an Observer, Item Competition and Paired Associates Learning. Diplomate in Clinical Psychology: ABPP. Adjunct Assistant Professor, Department of Educational Foundations, Hunter College (the Graduate Training Program for Counselors). Currently teaching Research Methods

**Amy Lehrner, PhD.** Dr Lehrner received her PhD in Clinical/Community Psychology from the University of Illinois at Urbana-Champaign in 2011, after a first career in domestic violence advocacy. She completed a 2 year clinical research postdoctoral fellowship with Dr. Rachel Yehuda at the James J Peters VA Medical Center in PTSD, and has been a clinical psychologist at JJP since 2013. Her clinical and research interests include how PTSD affects sexual function and intimate relationships, individual and couple treatments that address these concerns, moral injury, and emerging psychedelic therapies for PTSD. She is PI of a study on sexual dysfunction in male veterans with PTSD, site PI of a clinical trial of a novel treatment for moral injury in veterans, and co-investigator of a study of MDMA assisted therapy for PTSD in veterans at JJP. She has completed training for Emotionally Focused Therapy (EFT) for Couples, and provides training and supervision for both the couples and PTSD rotations.

**Kris Martin, PhD.** I was trained at Teachers College, Columbia University, where I earned my PhD in 2003. The program, at that time, was primarily psychodynamically oriented, and since then, I've done my best to expand my approach as a therapist and supervisor to be transtheoretically informed. I highly value to contributions that mindfulness practice offer to one's relationship with oneself and the world, am strengths and solutions-focused in my clinical work, and remain an excited, curious student of this mysterious thing that we call the therapeutic process. My work as a clinical psychologist has been shaped by the many amazing teachers and supervisors I have been fortunate to learn from, beginning in my internship at North Central Bronx Hospital. My most valuable learning, however, has come from the thousands of clients I have been fortunate to work with in various settings, including my small private practice in Manhattan. It has been the honor of my career to work at the James J. Peters Veterans Affairs Medical Center for the past nine years, and to supervise so many brilliant, hard-working and kind-hearted interns in that time.

**Avi (Alec) Miodownik, PsyD.** earned his doctorate in clinical psychology from Rutgers University's Graduate School of Applied and Professional Psychology (GSAPP). He completed his predoctoral internship in clinical psychology at Zucker Hillside Hospital – Long Island Jewish Medical Center and his postdoctoral fellowship in Geropsychology at the Brooklyn campus of the VA New York Harbor Healthcare System. He is a Clinical Psychologist in the Community Living Center (CLC) and the Outpatient Psychiatry Department (OPD) at the James J. Peters VA Medical Center, where he conducts initial psychological assessments and provides individual psychotherapy to veterans across the lifespan. He currently provides supervision for interns in the OPD rotation. His clinical interests include adjustment to illness and aging, psycho-oncology, and end-of-life and his therapeutic approach is integrative, and informed primarily by relational psychodynamic theory as well as ACT and MCP.

**Esperanza Morales-Raveendran, PhD.** received her doctorate in Clinical Psychology w/ Health Emphasis from Ferkauf Graduate School of Psychology at Yeshiva University. She completed her predoctoral clinical psychology internship at the Department of Veteran Affairs New Jersey Healthcare System, providing assessment and psychotherapy to diverse veterans with significant history of trauma and complex post-deployment psychological concerns. She completed a 2-year clinical research postdoctoral fellowship in PTSD at the Icahn School of Medicine at Mount Sinai/ James J. Peters VA Medical Center. Dr. Morales-Raveendran's current clinical and research interests include examining the impact of trauma on management of chronic medical conditions. Recently, Dr. Morales-Raveendran joined the Primary Care Mental Health Integration (PCMHI) team at the JJPVAMC where she will conduct intake assessments and provide short-term individual therapy to veterans presenting with mild to moderate behavioral health concerns.

**Justin D. Penner PhD.** I apply and teach psychology in research, academia and clinical practice. My background in developmental and clinical psychology informs and promotes scholarly interest in early life and family factors associated to the emergence, manifestation, persistence and treatment of psychopathology and serious mental illnesses (SMI) spanning the spectrum of Psychoses, Mood and Personality Disorders. I completed doctoral training at Adelphi University, a predoctoral internship and a postdoctoral residency at Kaiser Permanente Medical Center, and an advanced postdoctoral fellowship in the Mental Illness Research, Education and Clinical Center (MIRECC) at the J. J. Peters Veteran Affairs Medical Center in the Bronx. My clinical practice in the Outpatient Psychiatry Department is tailored to treat Veterans diagnosed with SMI and complex chronic co-occurring conditions, and is dedicated the provision of clinical supervision and training in the areas of diagnostic interviewing, clinical assessment, psychological testing, and dialectical behavioral therapy (DBT). I maintain a psychodynamic orientation informed by systems and cultural competency perspectives, and draw often from the rich evidenced-based practices of cognitive, behavioral and mindfulness based approaches.

**Monique Pimontel, PhD.** Dr. Pimontel received her PhD in Clinical Psychology with an emphasis in Neuropsychology from the City University of New York. She completed her predoctoral internship in Clinical Neuropsychology at the Long Island Jewish Medical Center, followed by a two-year postdoctoral fellowship at NYPresbyterian-Westchester Division. During her doctoral studies, she conducted research pertaining to the cognitive and neurobiological characteristics of depression in older adults, with the goal of informing the development of more targeted treatment options. Similarly, her clinical specializations include the neuropsychology of psychiatric disorders and disorders in late-life. Dr. Pimontel joined the Neuropsychology department at the James J. Peters VA Medical Center in September 2019, where she supervises psychology interns in neuropsychological assessment.

**Laura Pratchett, PsyD.** Dr. Pratchett received her PsyD from the Stanford-PGSP Consortium in 2009, after a first career as a lawyer, including support services and advocacy with victims of domestic violence. She completed her internship at Montefiore Medical Center followed by a clinical research postdoctoral fellowship in the Traumatic Studies Division of Mount Sinai Medical Center and the James J Peters VA Medical Center in PTSD. She has been a clinical psychologist in the PTSD clinic since 2010, including being a team leader of the Transitions Program for OIF/OEF/OND veterans. She is VA certified in Prolonged Exposure, Cognitive Processing Therapy, and Interpersonal Psychotherapy for Depression, and also proficient in the provision of Skills Training in Affective and Interpersonal Relationships (STAIR), Dialectical Behavior Therapy, and acceptance-based and mindfulness-based approaches. She began supervising in the psychology internship program in 2010 and assisted in developing the PTSD training rotation that began in 2014. She has been serving as Psychology Training Director since August 2017. She also holds the position of Assistant Clinical Professor at the Mount Sinai School of Medicine and is involved in the teaching of residents. Her clinical and research interests include the role of shame in trauma and recovery, and the impact of moral injury and racial trauma on psychological functioning and treatment. She is currently the PI. of a study on moral injury in combat veterans. She is also involved in multiple studies in the PTSD clinic investigating the systems biology of PTSD and emerging psychedelic therapies for PTSD.

**Miryam Sperka, PhD.** Dr. Sperka received her undergraduate degree in psychology from the Macaulay Honors College of the City University of New York at Brooklyn College and her Ph.D. in Clinical Psychology from Hofstra University. She completed a predoctoral internship in clinical psychology at the James J. Peters Veterans Affairs Medical Center (JJPVAMC) followed by a post-doctoral position within the JJPVAMC PTSD clinic and research program. Prior to receiving her doctorate, Dr. Sperka was a member of the Dialectical Behavior Therapy team at the Northwell Health Behavioral Health College Partnership. Dr. Sperka provides individual psychotherapy within the PTSD clinic and evidence-based treatment (Prolonged Exposure and Cognitive Processing Therapy) via telemental health for veterans living in other areas. Dr. Sperka is part of the PTSD Research Team and provides psychotherapy and evaluations for a variety of PTSD-related research studies. Her research interests include the incorporation of mindfulness and acceptance based approaches into the treatment of major depressive disorder and PTSD, as well as understanding the role of distress tolerance and emotion regulation in patient engagement in trauma focused treatment.

**Melissa Altman Stein, PhD.** Dr. Stein has been with the James J. Peters VA Medical Center since 2006. The majority of her time is spent in the PTSD Clinic, where she provides individual and group psychotherapy and supervises interns. She also provides psychotherapy and diagnostic evaluations at the Yonkers Community Based Outpatient Clinic. She is VA certified in Prolonged Exposure, Cognitive Processing Therapy, and Cognitive Behavioral Therapy for Insomnia. Melissa is a part of the PTSD Research Team and provides psychotherapy and evaluations for a variety of PTSD-related research studies in the PTSD clinic. She also holds the position of Assistant Clinical Professor, Voluntary at the Mount Sinai School of Medicine, and is involved in the teaching of residents. Melissa received her Ph.D. from George Mason University and completed her internship at Brookdale University Hospital Center in Brooklyn, NY.

**Philip R. Szeszko, PhD.** Dr. Szeszko received his PhD in Clinical Psychology from St. John's University and completed his clinical internship at the Rusk Institute of Rehabilitation Medicine, New York University. He completed a 2 year clinical research postdoctoral fellowship focused on schizophrenia in the Center for Psychiatric Neuroscience at the Zucker Hillside Hospital, part of the Northwell Health System. He has extensive experience working with individuals with psychotic disorders using a cognitive-behavioral framework. His current research interests focus on the use of multimodal magnetic resonance imaging to identify brain structural and functional abnormalities among individuals with psychiatric disorders and their relationship to treatment response.

**Andrea Lynne Taylor, PhD, ABPP** joined the staff at JJPVA in 2021, and is Supportive Recovery Services (SRS) Program Manager. Prior to that, Dr. Taylor was on staff at the St. Louis VA from 2011-2021. Born and raised in St. Louis, she took a break from her hometown for 25 years, fleeing to the coasts as an "academic runaway", and is excited to be back on the east coast once again. She has degrees from Stanford, NYU, and Rutgers, where she received her PhD in Clinical Psychology in 2010. Dr. Taylor has worked in substance use disorder treatment programs her entire VA career, including serving as Director and Team Lead at the Opioid Addiction Treatment Program at St. Louis VA from 2017-2021. She is both a consultant and trainer in two national VA Evidence Based Training programs: Motivational Interviewing/Motivational Enhancement Therapy and CBT for Substance Use Disorders. Her many leisure pursuits include vacation travel, and she has visited places far and wide, including Beirut, Lebanon and the Matterhorn in Switzerland.

**Julie Thyssen, PhD.** Dr. Thyssen has been a neuropsychologist at the JJPVAMC since 2008 and Chief Psychologist since 2018. Dr. Thyssen also holds a faculty appointment as an Assistant Professor in the Department of Psychiatry at the Icahn School of Medicine at Mount Sinai. Dr. Thyssen completed her psychology internship at the University of Maryland/Baltimore VA Psychology Consortium in 2006 and received her Ph.D. in Clinical Psychology with an Emphasis on Health Psychology from Yeshiva University (Ferkau Graduate School of Psychology) in 2006. Her dissertation research examined the role of insight into cognitive dysfunction in patients with schizophrenia in order to assess for readiness to engage in cognitive remediation. From this research, four peer reviewed publications were generated. From 2006-2008, Dr. Thyssen completed an APPCN Postdoctoral Fellowship in Clinical Neuropsychology in the Brain and Behavior Laboratory at the Hospital of the University of Pennsylvania. Currently, Dr. Thyssen is co-investigator on a VA MERIT CSR&D examining neuroendocrine and neuropsychological correlates in mTBI and PTSD. Dr. Thyssen supervises Psychology Interns in the yearlong Neuropsychology Track in neuropsychological assessment as well as Psychology Interns who select to complete a Neuropsychology minor.

**Walter Winfree, PhD.** Dr. Winfree received his doctorate from the University of Memphis with a concentration in clinical health psychology. He completed his predoctoral psychology internship at the University of Oklahoma Health Sciences Center with an emphasis in primary care mental health and his post-doctoral fellowship in Primary Care Mental Health Integration (PCMHI) at the Edward Hines Jr. VA Hospital. Dr. Winfree works in PCMHI at the James J. Peters VA Medical Center. Here, he conducts intake assessments and provides short-term individual and group psychotherapy to Veterans with mild to moderate behavioral health issues. His therapeutic approach incorporates brief cognitive-behavioral therapy including motivational interviewing and mindfulness-based interventions. As part of PCMHI, Dr. Winfree collaborates with primary care staff to better integrate services to meet Veteran's health goals. His research interests center on the development and evaluation of gambling-related assessment measures.